

# Work Order ID 141065

**\*141065\***

Page 1

Tuesday, January 26, 2016 3:20:16 PM

Item ID: D2432 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Bearpaw 19" *M24.12*  
 Start Date: 1/26/2016 Start Qty: 16.00 **\*16\*** Cust Item ID:  
 Required Date: 1/26/2016 Req'd Qty: 16.00 **\*16\*** Customer:  
 Reference: *M24.31*

Approvals: Process Plan: MCS Date: **JAN 29 2016** Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start **\*NR1\***  
 Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                                                                                                |                      |         |        |              |               |               |                  |                |
| D2432                          | H                                                                                                                                  |                      |         |        |              |               |               |                  |                |
| 120                            |                                                                                                                                    | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   | FLOW WATER JET                                                                                                                     |                      |         |        |              |               |               |                  |                |
| Waterjet                       | Memo                                                                                                                               | 0.04                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | Cut Blank as per D2432 File                                                                                                        |                      |         |        |              |               |               |                  |                |
| 130                            |                                                                                                                                    | 0.01                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   | HAAS CNC VERTICAL MACHINING #1                                                                                                     |                      |         |        |              |               |               |                  |                |
| HAAS 1                         | Memo                                                                                                                               | 0.12                 |         |        |              |               |               |                  |                |
| HAAS CNC vertical machine #1   | 1-Inspect material for defects or damage prior to machining<br>2-Machine as per Folio and Dwg D2432 Identify as D2432F<br>3-Deburr |                      |         |        |              |               |               |                  |                |
| 140                            |                                                                                                                                    | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   | QC2- Inspect parts off machine FAI/FAIB                                                                                            |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                                                               | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                                                                    |                      |         |        |              |               |               |                  |                |

16 16/03/14

16 16/03/21

16 16/03/21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
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**\*141065\***

Page 2

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 Revision ID: Stop **\*NS2\***  
 Item Name: Bearpaw 19" X 24"  
 Start Date: 1/26/2016 Start Qty: 16.00 **\*16\*** Cust Item ID:  
 Required Date: 1/26/2016 Req'd Qty: 16.00 **\*16\*** Customer:  
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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                        | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|-------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 150                            | QC8- Inspect parts - second check               | 0.00                 |         |        |              | 16            | 0             |                  | DAS<br>40<br>9-89 |
| <b>*150*</b>                   |                                                 |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                            | 0.01                 |         |        |              |               |               |                  | 16/03/21          |
| Quality Control                |                                                 |                      |         |        |              |               |               |                  |                   |
| 160                            | Identify as per dwg & Stock Location: <u>SB</u> | 0.00                 |         |        |              | 16            |               |                  | DAS<br>6<br>9-89  |
| <b>*160*</b>                   |                                                 |                      |         |        |              |               |               |                  |                   |
| Packaging                      | Memo                                            | 0.00                 |         |        |              |               |               | APR 02 2016      |                   |
| Packaging                      |                                                 |                      |         |        |              |               |               |                  |                   |
| 170                            | QC21- Final Inspection - Work Order Release     | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*170*</b>                   |                                                 |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                            | 0.03                 |         |        |              |               |               | APR 05 2016      |                   |
| Quality Control                |                                                 |                      |         |        |              |               |               |                  |                   |

MS APR 04 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  | Completed By                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |
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| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                              |  |

# Picklist Print

Tuesday, January 26, 2016 3:20:15 PM

Work Order ID: 141065

**\*141065\***

Parent Item: D2432

**\*D2432\***

Parent Item Name: Bearpaw 19" X 24"

Start Date: 1/26/2016

Required Date: 1/26/2016

Start Qty: 16.00

Required Qty: 16.00

Comments: IPP REV:A 12.10.17 AS PER DWG REV.H DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MUHMWB10                        |                        | Purchased     |             |                     | No               | 120             | sf                 | 47.1730        | 3.7         | 59.2         |               |                |        |

**\*MUHMWB10\***

UHMW 1" Black - 48"x120" Tivar Mfg.#52480104

**\*\***

(60)

01/16/03/15

Location

Loc Qty

Loc Code

MAT018

47.173

m131661

1.473

m133642

45.7

134171

27.5

134372

32.5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

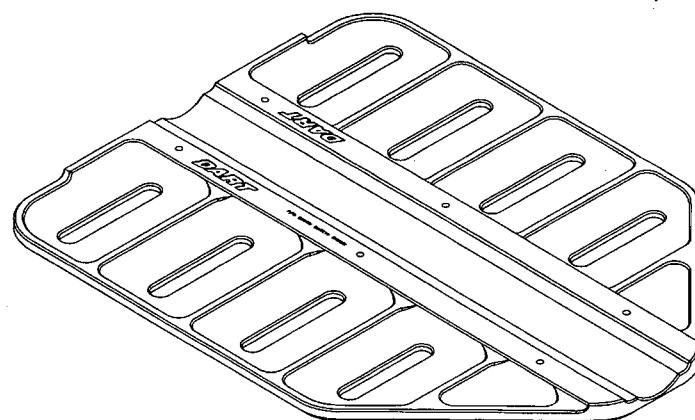


## WORK ORDER NON-CONFORMANCE / UPDATE

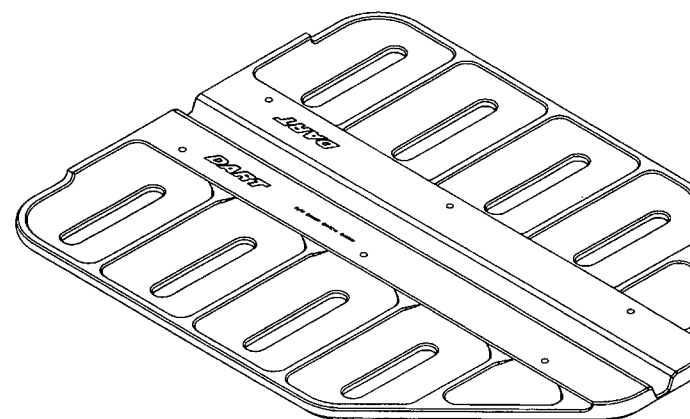
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |



**D2432F BEARPAW**

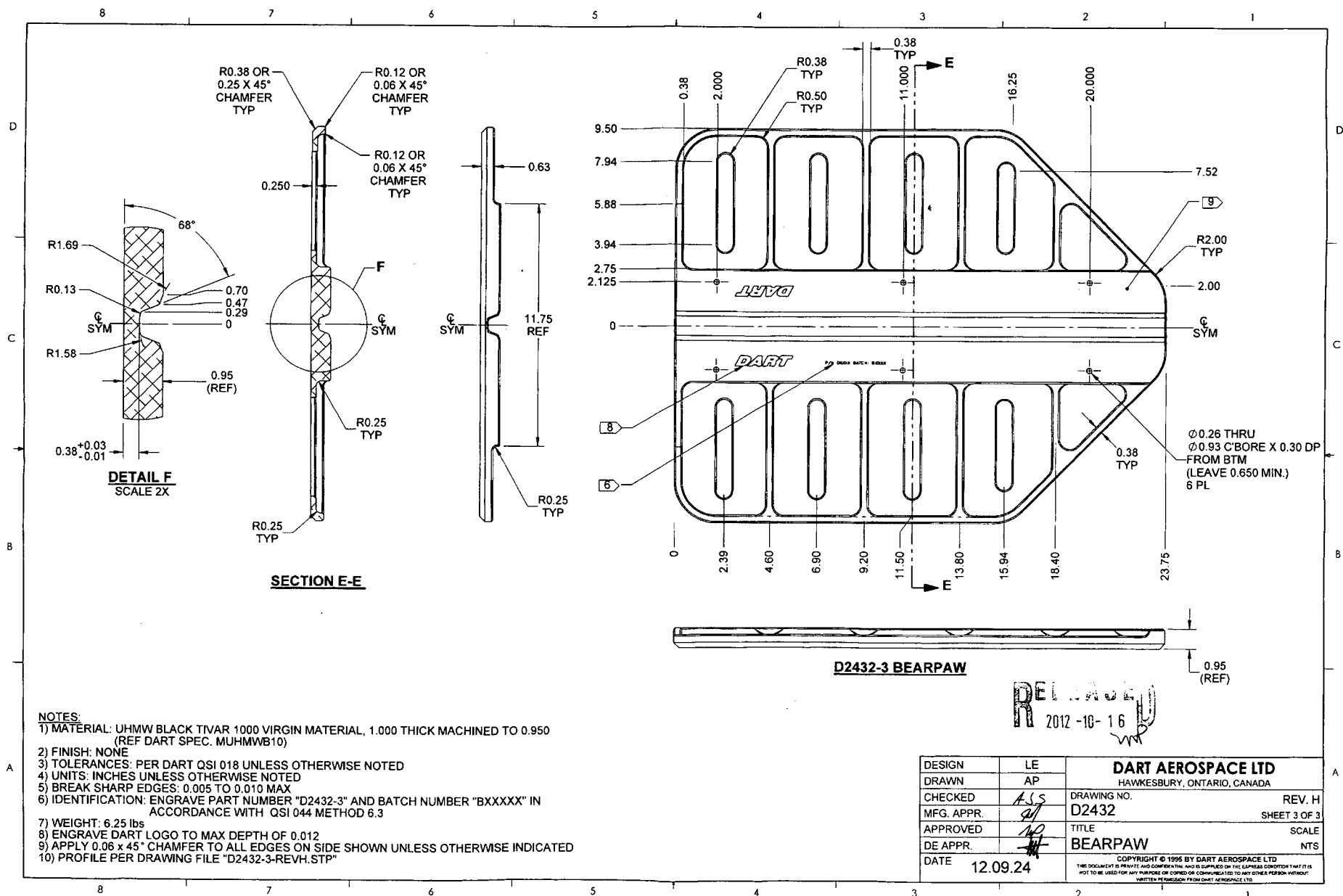


**D2432-3 BEARPAW**

**RELEASED**  
2012-10-16

1410 65 MLS  
16-01-29

| REV.       | DESCRIPTION                                                                     | BY                                                                                                                                                                                                                                                                                         | DATE         |
|------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| H          | RIB HEIGHTS CHANGED TO CONDITION OF REV. F. SEE REV. F FOR DETAILS.             | AP                                                                                                                                                                                                                                                                                         | 12.09.24     |
| G          | UPDATE DRAWING FORMAT, REMOVED D2432B, ADD D2432-3, ADDED DIMENSION 7.52 (D1-2) | AP                                                                                                                                                                                                                                                                                         | 12.05.02     |
| F          | CHANGE C'BORE, ADD B AND F P/N                                                  | -                                                                                                                                                                                                                                                                                          | 98.05.12     |
| E          | CHANGE C'BORE DEPTH, BORE RADIUS                                                | -                                                                                                                                                                                                                                                                                          | 97.02.27     |
| D          | MOVE SLOT                                                                       | -                                                                                                                                                                                                                                                                                          | 96.06.04     |
| C          | CHANGE BORE AND C'BORE DEPTH                                                    | -                                                                                                                                                                                                                                                                                          | 96.03.26     |
| B          | RE-DESIGN                                                                       | -                                                                                                                                                                                                                                                                                          | 96.01.24     |
| A          | NEW ISSUE                                                                       | -                                                                                                                                                                                                                                                                                          | 95.10.31     |
| DESIGN     | LE                                                                              | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                   |              |
| DRAWN      | AP                                                                              |                                                                                                                                                                                                                                                                                            |              |
| CHECKED    | ASS                                                                             | DRAWING NO.                                                                                                                                                                                                                                                                                | REV. H       |
| MFG. APPR. | 21                                                                              | D2432                                                                                                                                                                                                                                                                                      | SHEET 1 OF 3 |
| APPROVED   | 10                                                                              | TITLE                                                                                                                                                                                                                                                                                      | SCALE        |
| DE APPR.   | 10                                                                              | BEARPAW                                                                                                                                                                                                                                                                                    | NTS          |
| DATE       | 12.09.24                                                                        | <small>COPYRIGHT © 1996 BY DART AEROSPACE LTD<br/> THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |







|                                            |  |                     |        |
|--------------------------------------------|--|---------------------|--------|
| <b>DART AEROSPACE LTD</b>                  |  | <b>Work Order:</b>  | 141065 |
| <b>Description:</b> Bearpaw                |  | <b>Part Number:</b> | D2432  |
| <b>Inspection Dwg:</b> D2432 <b>Rev:</b> H |  | <b>Page 1 of 1</b>  |        |

### FIRST ARTICLE INSPECTION CHECKLIST

| Inspection Sheet<br>Drawing Dimension |             | Tolerance     | Actual<br>Dimension | Accept | Reject | Method of<br>Inspection | Comments |
|---------------------------------------|-------------|---------------|---------------------|--------|--------|-------------------------|----------|
| A                                     | 0.063 x 45° | +0.030/-0.010 | .060                | ✓      |        |                         |          |
| B                                     | 0.200       | +/-0.030      | .188                | ✓      |        |                         |          |
| C                                     | 0.25 x 45°  | +/-0.030      | .260                | ✓      |        |                         |          |
| D                                     | R0.250      | +/-0.030      | .250                | ✓      |        |                         |          |
| E                                     | 0.250       | +/-0.010      | .257                | ✓      |        |                         |          |
| F                                     | 0.625       | +/-0.030      | .630                | ✓      |        |                         |          |
| G                                     | 0.375       | +0.030/-0.010 | .380                | ✓      |        |                         |          |
| H                                     | 0.950       | +/-0.030      | .955                | ✓      |        |                         |          |
| I                                     | 19.000      | +/-0.030      | 19.00               | ✓      |        |                         |          |
| J                                     | Ø0.260      | +0.005/-0.000 | .260                | ✓      |        |                         |          |
| K                                     | Ø0.93       | +/-0.030      | .928                | ✓      |        |                         |          |
| L                                     | 0.30        | +0.030/-0.000 | .305                | ✓      |        |                         |          |
| M                                     | 23.750      | +/-0.030      | 23.750              | ✓      |        |                         |          |
| N                                     | 2.000       | +/-0.030      | 2.000               | ✓      |        |                         |          |
| O                                     | 0.38        | +/-0.030      | .378                | ✓      |        |                         |          |
| P                                     |             |               |                     |        |        |                         |          |
| Q                                     |             |               |                     |        |        |                         |          |
| R                                     |             |               |                     |        |        |                         |          |
| S                                     |             |               |                     |        |        |                         |          |
| T                                     |             |               |                     |        |        |                         |          |
| U                                     |             |               |                     |        |        |                         |          |
| V                                     |             |               |                     |        |        |                         |          |

|                              |                               |                              |
|------------------------------|-------------------------------|------------------------------|
| <b>Measured by:</b> <i>P</i> | <b>Audited by:</b> <i>DAS</i> | <b>Preliminary Approval:</b> |
| <b>Date:</b> 16/03/19        | <b>Date:</b> 16/03/21         | <b>Date:</b>                 |

| Rev | Date     | Change                     | Revised by | Approved           |
|-----|----------|----------------------------|------------|--------------------|
| A   | 04.01.09 | New Issue P/O D206-559-015 | KJ/RF      |                    |
| B   | 12.07.31 | Dwg Rev updated            | KJ         |                    |
| C   | 12.10.26 | Dwg Rev updated            | KJ         |                    |
| D   | 13.07.18 | Dimension 7.375 removed    | KJ         |                    |
| E   | 15.02.09 | Dimensions revised         | KJ         | <i>[Signature]</i> |